



City of Santa Fe, New Mexico

P.O. Box 909, 200 Lincoln Ave., 87504-0909

ARCHAEOLOGICAL REVIEW COMMITTEE APPLICATION FOR PROJECT REVIEW

Application Type:

Reconnaissance Report _____ Preliminary Treatment Report _____

Treatment Plan _____ Final Treatment Report _____

Project Location:

District:

Historic Downtown _____ River & Trails _____ Suburban _____

Project Surface Disturbance (Sq. Ft.): _____ Development Acreage: _____

Utility Main: _____ Extension length: _____

Archaeological Consultant:

Address:

Phone:

Applicant:

Address:

Phone:

Owner (if different):

Address:

Phone:

I certify that the documents submitted herein to the Archaeological Review Committee meet the minimum standards set forth in the Archaeological Ordinance, Section 14-75 SFCC 1987, and applicable policies. Failure to meet these standards and policies, or incomplete submissions, may result in delays in processing of this application.

Signature of Archaeological Consultant or Applicant

Date

FOR OFFICIAL USE ONLY

Date Received:

Case Number:

Meeting Date:

Date of Project Activity Form Transmittal (with Project Report) to ARMS:

PLU016.PM5-Rev3/95